DOCUMENT RESUME

ED 274 794 CE 045 151

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TITLE Introduction to Supported Work.
PUB DATE 15 Nov 85
NOTE 31p.; Paper presented to the Illinois Transition Conference (Springfield, IL, November 18-19, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adult Vocational Education; Career Education; *Employment Programs; *Job Placement; *Job Training; Models; Secondary Education; *Severe Disabilities; Vocational Education; *Vocational Evaluation; *Vocational Rehabilitation
IDENTIFIERS *Supported Work Programs

ABSTRACT

Traditionally, disabled persons have received vocational training in sheltered workshops and after evaluation have been placed into work activity, extended sheltered employment, or transitional employment programs. Transition then to competitive employment is atypical for persons with severe disabilities. Their employment situation has improved recently due to development of competitive employment programs or supported work models of competitive employment. Supported work relates to the use of new, improved practices that have been shown to be effective in competitively employing persons with severe disabilities. Components of the supported work approach are assessment of work behavior, job identification, placement, training, and maintenance and generalization. A local provider in Illinois has offered supported work programs (food service and janitorial services). Of the 134 persons who have participated, 43 percent have been multiply handicapped and 108 have completed training and been placed on jobs in the community. This supported work program is funded primarily by federal and state monies distributed at the local level. Two agencies involved are the Department of Rehabilitation Services and Job Training Partnership Act agencies. Personnel preparation programs at the preservice and inservice levels need to incorporate the practices developed in model demonstration programs. A model curriculum should be competency-based, field-based, and behaviorally grounded; include community-referenced curriculum development; and provide a focus on transition skills. (YLB)

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ED274794

Introduction to Supported Work

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November 15, 1985

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Running Head: Supported Work

CE045151

Paper presented to the Illinois Transition Conference, Springfield, November 18 and 19, 1985

Introduction to Supported work

The purpose of this paper is to introduce supported work. Supported work is a relatively new term and relates to the use of new, improved "best practices" that have been shown to be effective in our efforts to competitively employ persons with severe disabilities. Supported work embraces contemporary ideology that conflicts with current efforts to "provide services" without consideration to the social value of those services. Because there is always the possibility that "there is nothing new under the sun" and "that service providers have been providing similar 'support' but under a different heading for 20 years," the first section of this paper concentrates on what is new and different about supported work; the second section provides an overview of the characteristics of the supported-work approach, the target populations that have been exposed to supported work programs offered by a local provider in the State of Illinois, and the staffing and funding patterns that have been used by the Illinois program. The final section of this paper offers recommendations for personnel preparation.

Is There Something New Under the Sun?

Evidence from a variety of studies suggests that many persons with handicaps--even severe handicaps--are achieving some degree of independence because of earned income. Yet, the handicapped population continues to be underrepresented in competitive

employment. Failure to attain full employment potential stems from a variety of obstacles variety of sources, ranging from population characteristics and types of services provided to the state of economy and ideology. Overwhelming data suggest that rehabilitation agencies, the primary vehicles for providing services to individuals with handicaps, have been ineffective in preparing these clients for meaningful employment. Based upon recent census figures as many as 80 percent of all persons with a disability are unemployed. Research at the University of Illinois, which spans a 15-year period, suggests that almost all persons with handicaps are either unemployed or underemployed. Meaningful employment, which refers to employment in integrated settings whereby all employees work for mutual outcomes (production of needed services or valued goods for monetary rewards), seems to escape these persons.

Traditional approach to rehabilitation services. Examination of the procedures used by the sheltered workshop, the predominant setting for vocational training of mentally retarded persons, can help to explain why few persons with disabilities attain their employment potential. Upon referral to a local rehabilitation facility, an individual is typically evaluated for 90 to 120 days to determine his/her work potential (Menchetti, Rusch, & Owens,

1983). Based upon this evaluation, the individual is either placed into work activity, extended sheltered employment, or transitional employment programs. Individuals whose production rate is 25 percent that of the normal workforce qualify for work activity or adult day training programs.

Work activity or adult day training refers to day programs where between 20 to 60 individuals with handicaps spend their day performing activities that bear little if any relation to employment (e.g., coloring, dressing a doll, sitting quietly). Few of these programs offer employment training or wages; most programs focus their training efforts on leisure activities such as arts and crafts. If wages are offered, they are generally quite low (i.e., less than $300.00 a year).

Extended sheltered employment is available to individuals whose production rate exceeds that of those in work activity or adult day training programs, but who are believed to be incapable of attaining the skill levels or independence required in the community. Although the goal of extended sheltered employment is employment, actual wages paid are often very low (about $700.00 a year). Sheltered employment, like work activity and adult day training programs is segregated and is characterized by large numbers of individuals with handicaps, usually between 50 to 100, working side-by-side. Few persons who are severely handicapped ever attain sheltered workshop status; most workshops employ individuals who are mildly or moderately disabled.

Transitional employment, the process of training skills needed for competitive employment, is available only to those individuals with the highest vocational potential. Ideally, upon completion of transitional employment training, an individual leaves the sheltered environment for employment in the competitive labor market. An individual who is competitively employed performs work that is valued by an employer in an integrated setting making minimum wage or better.

Traditionally, competitive employment options exist in most local communities in Illinois. Agencies such as the Illinois Department of Rehabilitation Services offer job placement services to eligible clients. These services are usually offered to individuals who require little training to learn job-related tasks and then once placed on the job require little if any follow-up. Typically, individuals served are placed into competitive and integrated settings. Many individuals utilizing these services are not mildly handicapped, but are considered disadvantaged or displaced workers (i.e., nonhandicapped workers who have lost their jobs).

Interestingly, transition to competitive employment is atypical for persons with severe disabilities, due to several obstacles, including the subtle and cumulative result of our history of social reform which has led to the recognition of goals conflicting with contemporary ideology and methodology

(Rusch, Chadsey-Rusch, White, & Gifford, 1985). For example, the "dual role" of the sheltered workshop is becoming widely recognized. As long ago as 1970, Neff distinguished between the "rehabilitation workshop" and the "sheltered workshop" with the former functioning as a transitional service for competitive employment, and the latter as providing renumerative employment to those who were considered incapable of employment apart from supervision.

Transition to competitive employment is also exacerbated by shortcomings in our view of what constitutes "best practices." For example, typical sheltered workshop staff lack knowledge of what skills should be trained, how best to train these skills, and how best to structure their programs to facilitate movement toward integrated, competitive employment (Rusch, 1983). Sheltered workshops traditionally rely upon staff who have little knowledge about the instructional technology or industrial design necessary in developing an individual's potential for employment (Pomerantz & Marholin, 1977; Whitehead, 1979). Thus, the primary method of training, supervision with vague instructions and occasional prompts to stay on task, further encourages dependence upon sheltered employment and emphasizes working on overly simplified tasks, rather than developing marketable work skills (Martin, 1980).

Contemporary approach to rehabilitation services. Recently, the employment situation for persons with severe disabilities has

improved due, primarily, to the development of competitive employment programs (CEPs). These CEPs share the following components: (a) the community is first surveyed to identify possible job placements and their associated social and vocational survival skills; (b) community-based, (nonsheltered) training sites are established within actual community work settings whereby potential employees (clients) are taught to perform the skills necessary for actual employment; (c) once the individual is trained in the community work setting (i.e., the nonsheltered training site), he/she is placed into a targeted job within a 6-month period; and (d) training and long-term followup of decreasing intensity is provided to facilitate maintenance of acquired skills, in addition to training skills unique to the new employment site. The CEPs that share these common components have been developed as part of high school and rehabilitation programs across the country and have more recently been referred to as the "supported work model of competitive employment" (Rusch, in press). The term "supported work" stresses our emerging interest in "supporting" the employment of persons who are handicapped, rather than placing these persons into employment and hoping that they make the transition. By directly addressing the transition from the rehabilitation facility to competitive employment, the supported work model offers the advocacy and coordination necessary to provide employment training and, ultimately, community placement and adjustment. The model is relatively new, however, and the best practices facilitating handicapped individuals' participation in society are still being identified.

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Insert Figure 1 about here

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Why competitive employment? Compared to sheltered employment competitive employment offers numerous advantages to persons who are handicapped. Most often competitive employment involves placement in community-integrated settings whereby the employee receives at least minimum wage, interacts with nonhandicapped coworkers, produces valued goods or services, and has opportunities for increased earnings and responsibilities. Sheltered employment, on the other hand, usually entails employment in segregated centers where the employee receives an average hourly wage of 43 cents, has little if any contact with nonhandicapped coworkers, and produces goods of questionable societal and personal value.

Summary. Competitive employment is the normal and expected career path for persons who are nonhandicapped. The opportunity to go to work every day and to be part of a work force produces profitable personal and societal outcomes. Although competitive employment may not be a suitable option for everybody, it should be available so that all persons can, to the greatest extent possible, enjoy and engage in work that may result in individual or societal gains. The ability of rehabilitation and education personnel to change their attitudes and expectations in this

respect as well as those of other educators, parents, and employers remains our major roadblock to competitive employment. The supported work approach takes advantage of new educational and rehabilitation instructional developments and emerging new idealogical developments to shaping rehabilitation services.

Characteristics of the Supported Work Approach

In the previous section, the supported work model was introduced. In this section, components of the supported work model are delineated in greater detail. First, assessment of work behavior is characterized, followed by job identification, placement, and training. Next, follow-up issues such as social validation, involvement of coworkers, and maintenance and generalization are discussed. The final subsection overviews the clients who are expected to benefit most from supported work and addresses the outcome measures that have served to evaluate program effectiveness in the Illinois model.

Assessment. In order to provide the optimal match between the individual worker and the job into which she/he is placed, assessment of work skills and identification of job requirements are necessary. Assessment of work skills should be based upon procedures that most effectively predict progress within the targeted placement setting. These procedures should ideally include collection and interpretation of data within an ecological framework, identification of specific responses that

are required in the projected placement opportunities (especially those most crucial in promoting longevity), selection and training on representative examples of these identified responses, provision of equal emphasis to baseline, formative, and summative phases of assessment, measurement of both quantitative and qualitative behavioral dimensions, and a de-emphasis upon developmentally sequenced assessments.

Placement. Within the supported-work models, Martin (1986) discussed aspects of the placement process that are keys to its success. First, community placement options must be identified and then surveyed with respect to job availability and requirements. These employment opportunities need to be evaluated, with the most favorable opportunities constituting the placement pool. Candidates should be matched with the most appropriate job and where necessary when and where the job can be redesigned. To facilitate placement success, a working relationship with the employer needs to be cultivated and his/her expectations and attitudes considered. Another important contributor to job success is parental support--parents should be included within the placement process. A key step in the placement procedure is the interview process and thus clients should be prepared specifically so as to enhance the manner in which they present themselves. Finally, consistent feedback in the form of work performance can improve the likelihood of job success by ensuring that employers, workers, and trainers are in agreement with respect to evaluation of job performance.

Skill training. Stainback, Stainback, Nietupski, & Hamre-Nietupski (in press) have underscored the advantages of preparing individuals for placement through the use of "community-based training stations," as opposed to traditional simulations provided within sheltered workshops. These advantages include the following:

1. Training of vocational survival skills.
2. Opportunities to learn social interaction skills.
3. Opportunity for coworkers to serve as role models.
4. Development of understanding by coworkers of persons who are handicapped.
5. Familarization with employment considerations by training personnel.
6. Enhancement of generalization.
7. More normalized learning experience.
8. Positive influence upon community members' attitudes towards individuals who are handicapped.
9. Enhanced likelihood of successful competitive employment placement.

Social validation. Social validation provides a measure of the acceptability of work performance as perceived by significant individuals within the workplace, e.g., employers and coworkers (White & Rusch, 1983). Two procedures, social comparison and subjective evaluation, have been used to obtain social validation. Social comparison involves comparison of the target employee's work performance with behavior of nonhandicapped

coworkers within similar jobs or situations. Subjective evaluation consists of evaluating a target behavior as to its acceptability by significant others who have contact with the target employee. The two methods of social validation can be applied to: 1) work goals, 2) work procedures, and 3) work performance. Social validation provides evaluation measures most closely tied to indicators of worker success, that is, worker effectiveness as perceived by supervisors and employers.

Coworkers as change agents. In addition to the importance of measuring significant others' perceptions of worker performance, the nature of the interaction of significant others with the worker who is handicapped is often crucial. Specifically, enlisting coworkers as change agents, especially during long-term, follow-up periods appears to be a promising approach to facilitate enduring placement success (Shafer, in press). Coworkers can be effective in the roles of advocates, observers, and trainers. The importance of coworker cooperation and involvement is especially great in situations where placement agencies provide little or no follow-up services.

Maintenance and generalization. Maintenance and generalization of work skills are seen as vocational requirements for which special training strategies must be implemented. Workers must be both autonomous in performing a skill and adaptable to environmental changes in work settings following training (Gifford, Rusch, Martin, & White, 1984). On-the-job

training should incorporate strategies that promote autonomy such as self-control procedures and the systematic withdrawal of instructional procedures.

Handicapping condition and number of individuals served by a model supported work program in the state of Illinois. Developmental Services Center and the University of Illinois initiated the development of a supported-work model program in 1978. The program consists of two community-based vocational training programs (food service and janitorial services), a placement program, and an employment follow-up program. To qualify for the program, potential program participants must be eligible to receive services from the Illinois Department of Rehabilitation Services and the Job Training Partnership Act, the two primary sources of funding for the two vocational training programs. Eligibility requirements include being at least 18 years of age, severely disabled, unemployed, and in need of intensive skill training before entering the job market.

A total of 134 persons have participated in the program since 1978 (see Table 1). Forty-three percent of the persons served have been diagnosed as multiply handicapped, (i.e., having a secondary handicapping condition). Of the 134 persons who have participated in training, 108 completed training and were placed on jobs in the community. The remaining 26 individuals did not complete training for a variety of reasons including poor attendance, severe behavior problems, lack of interest in obtaining employment, and health problems.

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Insert Table 1 and 2 about here

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Summary of clients placed on jobs. Of the 134 persons enrolled in training, 108 were placed on jobs in the community. Table 2 provides a summary of placement based on the length of time on the job. Individuals completing the janitorial vocational training program have been placed in a variety of settings including motels, small businesses, nursing homes, and restaurants. At these sites, the employees perform a variety of janitorial tasks dictated by the need of the individual placement. For example, some are required to use heavy industrial cleaning equipment such as buffers and carpet shampooers, whereas others perform mostly light cleaning such as cleaning restrooms, dusting, and vacuuming carpets. Graduates of the food service vocational training program have been placed primarily on jobs in the dormitory kitchens at the University of Illinois or in local restaurants. Most of these individuals have been employed as kitchen laborers or dishwashers, although some have been successfully placed in food preparation positions. Graduates work from 5-40 hours per week and earning anywhere from minimum wage to $7.00/hour.

Staffing and funding patterns. This supported work program is funded primarily by federal and state monies that are

distributed at the local level. For example, the Department of Rehabilitation Services (DORS) and the Job Training Partnership Act (JTPA) are two agencies involved in the funding of the community-based training program, i.e., janitorial and food service (refer to Table 3).

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Insert Table 3 about here

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Fee-for-service arrangements have been established with DORS whereby the program received $125 a week for each week an individual participates in one of the two training programs. These financial arrangements were established with the vocational rehabilitation counselors at the local DORS office. JTPA also supports the Program. As in the case with the Department of Rehabilitation Services, individuals must be JTPA eligible. JTPA provides money through performance-based contracts that have been established between the Program and the local JTPA office. Specifically, the program received money for enrolling individuals in the training programs, having these individuals complete training, and placing these individuals into competitive employment. The follow-up component of the program is funded by the Department of Public Aid through Title XX funds, and by the local mental health board.

Summary. Competitive employment for disabled persons has moved from a philosophy to a reality, due in part, to the development and implementation of a functional technology. The "methods" described in this section are important because they focus on a socially-valued outcome: paid work, and the lifestyle that paid work allows. Supported-work methods recognize the complex demands associated with training skills that need to be maintained and that will also need to be generalized across the full range of situations a persons experiences in competitive employment.

The deinstitutionalization movement, including placing persons with handicaps into nonsheltered employment, has been in full swing since the introduction of the principle of normalization (Wolfensberger, 1972). Unfortunately, perspectives (such as normalization) and methodologies (such as interagency collaboration) have been misconstrued by service providers associated with adult programs. For example, normalization has been misconstrued to mean that competitive employment alone, will automatically benefit the deinstitutionalized individual. Simple exposure to the patterns and conditions of everyday life which are as close as possible to the norms and patterns of mainstream society has not guaranteed acquisition and maintenance of community competencies associated with successful competitive employment. Competitive employment involves much more than the physical removal of an individual from one setting and his/her placement into another. "Geographical relocation" is but one of the characteristics of competitive employment. Indeed, relocation and forming a cohesive social network of people and

resources is complex and personnel who are trained to appreciate these complexities are needed. However, few university programs exist that certify special education or rehabilitation personnel specifically to work with adults with severe disabilities.

Many service providers in the field now will require inservice training to update their skills to successfully integrate adults into competitive employment. Those professionals working with severely disabled adults, particularly in institutions, in large intermediate care facilities, and in sheltered workshops have generally not been as successful in implementing integration efforts as their colleagues who work with handicapped children in public school settings. This may in part be explained by the lack of university programs certifying special education personnel to work with adults who are disabled. The next and concluding section of this paper focuses upon our need to establish new rehabilitation training programs in the State of Illinois to promote meaningful employment and to enhance quality of life.

Recommendations for Personnel Preparation

Many adult service providers in the State of Illinois are involved in emerging trends that embrace contemporary ideology, which suggests that integrated outcomes are the goals we should be working toward. In addition, current program initiatives and funding are available for service providers to develop supported

work programs. Unfortunately, adult service providers currently serving persons with handicaps continue to have low expectations for them and fail to provide opportunities for meaningful employment. These same professionals do not possess the knowledge or skill necessary to develop vocational training, placement, and follow-up services that are critically important to the development of a supported-work program. At this time it seems that there is an overwhelming need for the establishment of personnel preparation programs at the preservice and inservice levels.

Preservice Training. There is a growing need for newly trained professionals in the area of competitive employment for persons with handicaps. Special educators as well as rehabilitation personnel must acquire the skills needed to orchestrate complex service plans for individuals. These services must involve input from a variety of disciplines including educators, language clinicians, occupational and physical therapists, psychologists, adult service providers, funding agencies, and parents. Consequently, special educators and rehabilitation personnel must become educational team managers. Ultimately, it is the responsibility of the teacher/trainer or the rehabilitation counselor to coordinate all necessary services and to make sure the client's needs are met.

Preservice training programs have traditionally emphasized elementary-aged students with mild to moderate handicaps. A new

emphasis must be placed on serving adolescents and adults and, specifically, those with severe disabilities. The objective of preservice training programs should be to provide the theoretical base in combination with the practical skills necessary establishing CEP's. The greater the degree of handicap of the persons being served, the more precise and specific the competencies must be of a professional attempting to provide effective educational programming. The needs of adolescents/adults with severe disabilities in the areas of curriculum, instruction, and follow-up services are significantly different than the needs of younger persons with severe disabilities. Direct service personnel who were specifically trained to develop and implement educational/rehabilitation programs for persons with severe disabilities are necessary.

Inservice training. There are always going to be teachers and adult service providers who will have never been trained specifically to develop CEP's. However, they are now charged with providing training programs for these individuals. Therefore, inservice training programs designed to provide the conceptual base and practical skills as provided in preservice training programs must be developed. In addition, changing the attitudes of personnel currently providing day programming to result in increased expectations for persons with handicaps are necessary.

Unlike preservice training, inservice training is constrained

by time, which would necessitate an instructional format that differs from most preservice training programs. Personnel trainers must work very closely with the school or service agency administrators and staff to establish a format compatible with the persons being served. In addition, in many instances personel development activities may require that the instructors (e.g., university professors) travel to the inservice participants rather than requiring the participants to convene on the instructor's territory.

Summary. Due to the complexity of the task facing special education and rehabilitation personnel serving persons with disabilities, personnel preparation programs will have to provide a more comprehensive and systematic curriculum. There is a critical need for the practices developed in model demonstration programs to be incorporated into preservice and inservice preparation programs. Because of the variety of specialists serving individuals with disabilities, educators and rehabilitation personnel must become educational team managers (Mori, Rusch, & Fair, 1982). In addition, a model personnel preparation curriculum should be competency-based, field-based, behaviorally grounded, include community-referenced curriculum development, and provide a focus on transition issues. Further, there should be a broadened awareness of medical, legal, and advocacy issues, as well as an understanding of service delivery systems that promotes interagency cooperation. Due to the varying types of degrees of handicaps experienced by consumers,

education and rehabilitation personnel must possess a wide and sophisticated range of skills.

General Summary

Wehman and Kregel (1983) describe a "dramatic baseline" in employment of persons with handicaps, citing unemployment rates of 50 to 75 percent for this population. Unemployment, in part, relates to the traditional practices of the rehabilitation community not significantly influencing the lives of persons with disabilities. Persons entering the world of employment have been "plugged" into a placement continuum and expected to move from work activity to sheltered employment to competitive employment. Bellamy and his colleagues (in press) have documented that in reality, the majority do not move through this system. They estimated that based upon current averages of time spent in each component of the rehabilitation continuum, it would take approximately 50 years for a persons to qualify for competitive employment (assuming entrance at the work activity level after high school). There should be little doubt that the system as it stands needs changing.

The most basic change necessary is a philosophical one. Traditionally, the rehabilitation system has been exclusionary in it's practices with persons with handicaps, accepting only those whose potential for employment is highest. Recently, this exclusionary approach has been challenged; in fact, it has been

totally ignored. Many model programs as outlined above are successfully in operation across this country. In each of these programs there are common components that collectively define the "supported work model." The term "supported work" was first used by Kraus and MacEachron (1982) and has since been adopted to describe the process of securing employment for persons with handicaps whose potential for employment is often considered nill.

In summary, on the positive side, research in the area of vocational training for persons with handicaps has demonstrated that these individuals are capable of being productive members of integrated work settings. Consequently, a recent emphasis has been placed on improving the quality of vocational training programs throughout this country. On the negative side, there exists a critical shortage of professionals who have the knowledge base and practical skills necessary for developing and delivering "supported work" options. Although little research has been conducted to evaluate the necessary components of effective personnel preparation, a number of educators have suggested that training programs should be competency-based as well as field-based. Theoretical foundations should be rooted in a behavioral technology, and currriculum development strategies should be community referenced.

Footnotes

1. Throughout this paper terms such as 'severe disabilities,' 'disabilities,' 'handicaps,' and others including 'mental retardation' will be used. The supported-work approach has been shown to be particularly effective with individuals with disabilities, handicaps, mental retardation, severe handicaps/disabilities, and so on, and who are distinguished by their absence in the workplace. Thus, no effort will be made to use one term over another. Rather, the reader should be alert to the fact he/she rarely interacts with an individual who is handicapped unless it is to serve that person.

2. This paper was supported in part by the Illinois Department of Mental Health and Developmental Disabilities, the Illinois Department of Rehabilitation Services, and the Governor's Planning Council. The opinions expressed herein do not necessarily reflect the position or the policy of the Departments of Mental Health and Developmental Disabilities or Rehabilitation Services, the Governor's Planning Council, or the University of Illinois, and no official endorsement should be inferred.

Table 1

Client Characteristics[a]

Age		
18-56 years of age		
Median Age = 2		
Sex	**N**	**%**
Male	94	70
Female	40	30
Primary Diagnosis		
Mental Retardation	99	74
Mild (61)		
Moderate (35)		
Severe (3)		
Mental Illness	21	16
Learning Disabilities	9	7
Visual Impairment	2	2
Cerebral Palsy	1	1
Other	2	2

Of the 134 individuals served, 58 (43%) has a secondary handicapping condition.

Table 2

Job Placement Statistics

Janitorial/Housekeeping	Placed:	82
Length of Time on the Job	N	%
3 months	75	91
6 months	54	66
1 year or more	40	49
Still employed	36	44
Food Service	Placed:	26
Length of Time on the Job	N	%
3 months	20	77
6 months	28	69
1 year or more	16	62
Still employed	12	46

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Figure Caption

Figure 1. Major components of the supported work model.

Figure 1

1. Identify available jobs in the community

2. Assess job requisites (survival skills)

3. Establish work performance objectives

4. Assess client performance and develop individualized program plans

5. Teach clients to perform entry level skills in community-based employment training programs

6. Place clients in targeted jobs

7. Teach clients to perform new skills and to maintain survival skills

8. Systematically withdraw post-placement instruction program